Early On® Oakland
2111 Pontiac Lake Road
Waterford, MI 48328
248.209.2084
248.209.2522 Fax

Early On® Oakland Authorization to Release Information

Child's Name:	Birthdate:
Parent(s)/Guardian's Name:	

Agencies/Persons to Whom Information May Be Released

The purpose of this form is to obtain parental consent to release information from the Early On® Record to other agencies or persons.

Agency/Person:_____

Information to be released:

- ❑ Full Early On® record
- ❑ Specific information within Early On® record:

Agency/Person:_____

Information to be released:

- ❑ Full Early On® record
- ❑ Specific information within Early On® record:

Your signature below indicates you understand the following:

- I have read and understand this request form (or it has been read to me in a language I understand.)
- I understand that my authorization to allow the sharing of information about my child is voluntary and expires upon exit of Early On® or my child's third birthday.
- I may revoke or cancel consent at any time, without penalty, by notifying Early On® in writing. Information that has already been shared based on this authorization cannot be taken back.
- Early On® has no control over the agencies/persons I have listed to receive my protected information. Therefore, my protected information disclosed under this authorization may no longer be protected by the requirements of the Family Educational Rights and Privacy Act (FERPA), and will no longer be the responsibility of Early On®.

Choose one of the following options:

- ❑ I authorize the above listed agency/person to engage in verbal, written and/or electronic communication in order to share specified record and information.

OR

- ❑ I do not wish to have any information shared at this time.

Parent(s)/Guardian Signature:	Date: